FILED FEB	14 19/0	THE DIVISION OF HE STANDARD CERTIF			3547
		917		State File No NO. 6076 Registrar's No	
I. PLACE OF DE		REG. DIST. NO. <u>0</u> 1		NCE (Where deposed lived. If in	2.3.2 (n. 155
· COUNTY	St. Louis		a. STATE MO.	b. COUNET.	Louis dinimin
b. CITY (If outside ed	ellston	tAL and give C. LENGTH OF STAY (in this place	c. CITY (If outside sors	orate limits, write RURAL and give tow	mahip) 9 6
d. FULL NAME OF HOSPITAL OR INSTITUTION		tution, give atreet address or location)	d. STREET ADDRESS 6423	(If rural, give location) Spencer Pl	Ö
	a. (First)	b. (Middle)			
3. NAME OF DECEASED		,	• "	4. DATE (Month) OF DEATH Jana	(Day) (Year) 22,1949
(Type or Print) 5. SEX 6.	Helen COLOR OR RACE 17		rmon 18. Date of Birth	9. AGE (In years) IF DIODE	
Female		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Seedly) Married	May 15,18	75. Sast birthday) Months	Days Hours Min.
Oa. USUAL OCCUPATION done during most of world Housewife	ON (Give kind of work ng life, even if retired)	ÖЬ. KIND OF BUSINESS OR IN- DUSTRY	11. BIRTHPLACE (State of Tllinois	or foreign country)	12. CITIZEN OF WHA COUNTRY?
3a. FATHER'S NAME		13b. MOTHER'S MAIDEN		14. NAME OF HUSBAND OR WIL	
Unkown		Unkown		James Carm	on
F WILL DESCRICED FU	R IN U.S. ARMED FO	DOCEST LAS COOLAL CECUDITAL	17. INFORMANT'S	SIGNATURE OR NAME	ADDRESS
(Yes, no, or unknown) (If	yes, give war or dates of s	None No.	James Carr	mon, 6423 Spenc	er Pl
18. CAUSE OF DEATH		" MEDICAL	CERTIFICATION		I INTERVAL BETWEEN
Enter only one cause per line for (a), (b), and (c)	1. DISEASE OR CON DIRECTLY LEADING	DITION S TO DEATH*(a) Bronche	opneumonia a	und pleural	ONSET AND DEATH
*This does not mean	ANTECEDENT CAUS	ses effusio	on		
the mode of dying, such	Morbid conditions, i	f any, giving DUE TO (b)			
as heart failure, asthenia, etc. It means the dis-	rise to the above cause the underlying cause	last.	•	ĺ	1
ase, injury, or complica-		DUE TO (c)	· · · · · · · · · · · · · · · · · · ·		-
ion which caused death.	11. OTHER SIGNIFIC Conditions contributivelated to the disease of	ant conditions ng to the death but not or condition causing death.		M(1)	
19a, DATE OF OPERA-	19b. MAJOR FINDIN		- 1		20. AUTOPSY?
TION			•	•	YES S NO
21a. ACCIDENT SUICIDE HOMICIDE NE		PLACE OF INJURY (e.g., in or about	21c. (CITY, TOWN, OR 1	rownship) (County)	(STATE)
HOMICIDE NE	utural ʰºº	ne, farm, factory, street, office bldg., etc.) HOMO	Wellston	, St. Louis,	Moa
21d. TIME (Month)	(Day) (Year) (Ho	ur) 21e. INJURY OCCURRED	211. HOW DID INJURY	OCCUR?	
тијику 1	22 49	MHILE AT NOT WHILE X	Death fr	rom natural caus	ses.
22 I herebu certifu	that I attended the		19 to	, 19, that I la	st saw the deceas
alive on		and that death occurred at		e causes and on the date state	
23a. SIGNATURE	1 . 1	(Degree or title)	23b. ADDRESS	· · · · · · · · · · · · · · · · · · ·	23c. DATE SIGNE
(hanald	Will,	many	Claytor	1, Mo.	1/24/49
24a. BURIAL, CREMA TION, REMOVAL (Specify	- 124b, DATE	24c. NAME OF CEMETER	RY OR CREMATORY 2	24d. LOCATION (City, town, or cou	nty) (State)
Burial	" Jan. 24	/49. Memorial	Park Cem.	St. Louis Co.	. Mo.
DATE REC'D BY LOCAL			25. FUNERAL DIRECT	OR'S SIGNATURE - A	DDRESS
1-24-49	Thurid	rohuman	Jos. W. Clar	rk,1125 Hodiamo	nt Ave.,
		(Licensed Emminion	Statement on Reverse Side)	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on	the reverse side of this certificate	was embalmed by me, or by
	, Student	Embatmer No
working under my personal supervision.	0	

Igned Student Embalmer

Licensed Embalmer No. 35 75

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.